

DOCKET NO.: 1678-39

PATENT

48/a
2-19-04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Confirmation No.: 8816

RECEIVED

Fereidcoon Heydari and
Hakan Ozdemir

FEB 17 2004

Serial No.: 09/994,009

Group Art Unit: 2651

Technology Center 2600

Filing Date: November 5, 2001

Examiner: Glenda P. Rodriguez

For: A Data Code and Method for Coding Data

DATE OF DEPOSIT: February 5, 2004

CERTIFICATE OF MAILING

I HEREBY CERTIFY THAT THIS PAPER IS BEING DEPOSITED WITH
THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL,
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TYPED NAME: Donna Zimmerman

MAIL STOP: FEE AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT/RESPONSE

Sir:

In response to the Office Action of November 6, 2003, please amend the above-identified application as follows:

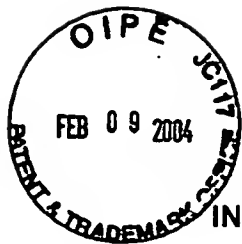
Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.

02/12/2004 HGUTEMAI 00000047 09994009

01 FC:1202
02 FC:1201

54.00 OP
172.00 OP



2651
\$

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Fereidcoon Heydari and Hakan Ozdemir
Title: A Data Code and Method for Cording Data
Serial No.: 09/994,009
Filing Date: November 5, 2001
Examiner/Unit: Glenda P. Rodriguez/2651
Attorney Docket No.: 01-S-023 (1678-39)

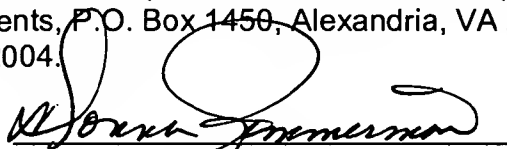
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FEB 17 2004

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CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop: Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 5th day of February, 2004.


Signature

TRANSMITTAL LETTER

February 5, 2004

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

 X The fee has been calculated as shown below:

 No additional claim fee is required.



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Computation of Fee
For Claims as Amended

Technology Center 2600

	Claims Remaining After Amendment		Highest Number Previously Paid for		Present Extra	Rate	Addl. Fee
Total Claims	33	Minus	30	=	3 x	\$18/\$9 =	\$ 54.00
Independent Claims	12	Minus	10	=	2 x	\$86/\$43 =	\$172.00
Total additional fee for this amendment							\$ 226.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

 X Check No. 21709 in the amount of \$226.00 for the additional claim fee is enclosed.

 Charge \$ to Deposit Account No. . A copy of this sheet is enclosed.

 X Please charge any deficiency fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully Submitted,

GRAYBEAL JACKSON HALEY LLP

Scott Born

Attorney for Applicant

Registration No. 40,523

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Bellevue, WA 98004-5973

(425) 455-5575

Dated: February 5, 2004